

FRANKLIN COUNTY
DEPARTMENT OF ANIMAL CARE AND CONTROL
OWNER SURRENDER FORM

As the owner of the animal described below, or the duly authorized agent thereof, I hereby relinquish and transfer ownership of this animal to the Franklin County Department of Animal Care and Control. I understand that the Animal Care and Control Department will evaluate this animal's age, temperament and health, and will take the most appropriate course of action with respect to its disposition. These dispositions include adoption, euthanasia, or transfer of this animal to another facility. All attempts are made to place adoptable dogs into new homes.

I am surrendering this animal for the following reason(s):

☐ Advanced Age ☐ Court Order

☐ Bad Temperament/Aggression (Please describe behavior): _____

☐ Poor Health (Please describe): _____

☐ Other reason: _____

Signature of Owner: **X** _____ Date: ____/____/____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

To the best of my knowledge and belief:

☐ This animal **has not** bitten any person during the past ten (10) days.

☐ This animal **has** bitten the person listed below during the past ten (10) days:

Person Bitten: _____ Age: _____ Date of Bite: ____/____/____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

*** Stop here. The remainder of this form is for Animal Care and Control use only. Thank you.**

Description of Animal:

Breed: _____ Sex: _____ Color(s): _____

Hair Length: _____ Age: _____ License: 20 _____

Rabies Tag#: _____ Other ID: _____

Impounding Employee: _____ Badge#: _____

RECEIPT

I have received from _____ the amount of \$_____ as payment of the owner surrender/pick up fee.

Impounding Officer Signature: _____ Date: ____/____/____

White Copy – Animal Control

Yellow Copy – Dog Owner